

—*the best part of all you believe has followed out of your life is a small, noble, and heroic act of self-sacrifice. You have been a true and honest man. You have done your duty. You have done your duty in proportion and in accordance with your knowledge and your knowledge of right and wrong.* — **THE** *Times* (London) and *the Standard*.

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Original Communications.

AGORAPHOBIA

By S. G. WEBBER, M.D. Hask.

THE following case was seen in 1868, and attracted my attention by its peculiar symptoms. Lately, an article by Prof. C. Westphal in the *Archiv für Psychiatrie und Nervenkrankheiten*, iii. 1, has recalled it to my mind, and a partial resemblance of symptoms will be seen between it and the cases Prof. Westphal relates.

Edward T., at 42, seaman, soldier, and for three years a laborer, was seen Aug. 29th, 1868. His parents died at an advanced age; his mother was of rather a nervous temperament; a niece, not, he thinks, from his branch of the family, is insane; an uncle is said to be insane. A brother and sister died of diseases unknown to the patient. He practised masturbation till seven years previous to my seeing him; had had gonorrhœa and syphilis and had been salivated. Had been a hard drinker. Twenty-two years since, he had had two or three attacks of convulsions; he has had a mahogany-colored skin eruption, confined to the right side. While in the army, had intermittent fever. Was married two years since.

His present trouble began about two years ago, with swelling of the abdomen, stoppage of water, and stiffness of left leg after sitting on a damp log in a steamer's hold. Afterwards, while drunk, he sat on a door-step. Now he passes but little water on rising; about nine o'clock, however, it comes with a rush, and without warning. His left leg is still stiff; there is pain in the shin-bone, worse in the daytime; at night, there are "startings" in the leg. The pain is not always severe, but is rather a sense of tickling. When not drinking, he is sometimes jovial and at other times melancholy.

During the last fifteen years, he has had

dizziness on stooping, and since last May this symptom has been worse. He cannot cross a street with comfort, sometimes it is not possible for him to cross; he has more confidence on the sidewalk; sometimes, when he gets started, he finds it hard to stop, and then he must catch hold of something to help him stop. He has a dread of crossing a bridge. Sometimes he can cross when he nerves himself to it; but sometimes after getting half across he has to turn around and go back. He seems afraid he shall jump off. If the bridge has a high, close railing he does not have so strong a dread. He cannot cross the water on a plank, but he likes to bathe. He cannot look out of a window when alone. If, when walking, he sees men at work on a steeple or any building, he cannot look at them, and he shakes all over and has a horror at hearing of or seeing an accident; he has an oppressed feeling in the epigastrium, which is relieved by starting and taking a long breath. He cannot handle rats or mice *on any condition whatever*. In walking, he is rather inclined to bear to the left, though this is not very marked. He is never inclined to go backwards. To look long at an object produces pain, and on intently looking, the object changes its shape. His memory, he thinks, is somewhat affected.

About two weeks since, he had neuralgic pains in his head and face on the left side, and in his shoulder. There is no paralysis of the cranial nerves. In the morning he has a great weight in his stomach, and flatulence, especially if he lies on his left side.

His left leg and foot, especially the knee, are sometimes cold, and he has formication on that side from his knee to the axilla and a prickling sensation in the side; sometimes the left side is hot, and he sweats much on that side. The left side was always the weaker side. He has a numbness at the sacrum and tenderness over the coccyx, felt first after riding a horse. The left foot swells at times and seems to "ex-

W.E.O.F. No. 2335

plode." There is a tight feeling in the head, as if it would burst open, and the back of his head is heavy, at other times this feeling is in his forehead.

He stood steadily with his eyes shut, and had no difficulty in walking with them shut.

His digestion was poor; bowels were rather sluggish. He had a slight cough, and there was a little dulness at the top of the left lung, with harsh respiratory sounds. The heart-sounds were good.

The peculiar symptom that the patient described, inability to cross a street, has led Dr. Westphal to give the name *agoraphobia* to the affection. I regret that I did not question the patient more closely in regard to this peculiarity. In Dr. Westphal's cases, the patients could cross the street if behind a wagon, or if in company with a friend, or if the mind happened to be so pre-occupied as not to notice the locality. If, by great exertion of will, they got half across a public square, it was not possible for them to finish crossing, but they were obliged to turn back. This was mentioned by Mr. T. in regard to crossing a bridge, and he said the same about crossing a wide street. The cause of this inability seemed to be an indefinable dread which could not be expressed in language.

After relating the histories of his three patients, Westphal remarks that they agree in regard to the difficulty or impossibility of crossing an open square or wide street; but it is difficult to form a conclusion in regard to the nature of the affection. All the patients stated that there was absolutely no foundation for their distress; it is a strange sensation suddenly and spontaneously arising, so soon as it may be necessary to cross a square; indeed, so soon as on approaching one, the idea of crossing is formed. At the same time with the distress, not causing it, but rather caused by the same circumstances and seemingly forming part of the feeling of distress, springs up the thought that he cannot get across the square and the delusion that it is immensely wide, and the thought that something may hit him. The patients can only state the circumstances under which the sensation arises and cannot explain it further. So they cannot explain why it is that having succeeded in reaching the middle of a square they can more easily return than finish the crossing. A similar feeling may be caused by walking along an unbroken front of houses or in an unfrequented and strange street. The sensation was not vertigo or dizziness.

Westphal refers to a case reported by

Benedict and called by him "Platzschwindel," and thought by him to be caused by disturbance in the convergent power of the eyes. Westphal, from the examination of his cases, does not agree with this view; in his cases only one had a slight insufficiency of the internal rectus, the other two were normal.

The case now reported exhibited considerable disturbance of the nervous system, and there was a history of convulsions twenty-two years previous. One of Westphal's cases had convulsions in childhood, another had epileptic attacks, and there were in his cases other symptoms due to some change in the nervous system.

The agoraphobia, Westphal thinks, is clearly of cerebral origin, not epileptic nor epileptoid; has as little analogy with normal psychological phenomena and is as little to be explained by them as other pathological conditions of the feelings, affections, ideas and impulses. He does not undertake to settle the nature of the affection or symptom, or to decide as to the peculiar lesion giving rise to it, but recommends the careful analysis of such phenomena in order to arrive at a decision as to their nature and cause.

One case has been brought to my notice, reported in the *Cincinnati Clinic*, vol. ii., No. 6, 1872, the record being drawn up by the sufferer himself, a medical man. There were perhaps fewer symptoms referable to the nervous system, yet mention is made of palpitations and rigors sometimes culminating in actual shakings, and occasionally accompanied with severe neuralgic pain in the back, side and shoulders, followed by heat and thirst when the sufferer tried to overcome his trouble and permitted himself to be alone.

105 Shawmut Av., Boston, Sept., 1872.

UTERINE DISPLACEMENT.

By L. E. WELLS, M.D.

On the 1st inst., I was consulted by Mrs. J., aged 37, and the mother of three children. She informed me that about the 12th of last December, she suffered from a miscarriage, having advanced about three months on her fourth gestation. At that time, she became very much reduced by flowing. Since then there has been constant tenderness, and at times severe pain in all the region of the womb, but more especially in the vicinity of the left ovary. There has also been, for the most of the time, a discharge of whites. After hearing

her history of the case, I made a vaginal examination, which revealed to me the fact of the existence of acute tenderness throughout all that portion of the sexual organs which is susceptible to an examination by the touch. But what was of the chief interest to me was this. The uterus had been raised from its ordinary position and rested directly upon the summit of the bladder, and this organ was depressed so that the cervix uteri could be felt low down, near the base of the former, and between the womb and finger were the walls of the bladder.

This is to me a singular case, and in all my experience as a gynecologist, I have never met with anything like it.

Therefore, two questions arise in my mind pertinent to this case. First, will it be expedient to try to bring back to its natural position, the displaced womb? Second, if it be expedient to do this, what will be the proper course to pursue?

Phenix, R. I., Aug. 17, 1872.

DISLOCATION OF THE LOWER END OF THE ULNA FORWARDS.

By JOHN H. GILLMAN, M.D. Harvard.

This rare accident occurred to M. B. D., July 23, 1872, while engaged in fixing a loom in the boot mill of this city. The left forearm, being between the spokes of a wheel when the loom was set in motion, was violently turned outwards. On examination, the hand was found in a state of fixed supination; on looking at the back of the wrist, there was a marked depression of the ulnar portion, and an unusual prominence of the corresponding portion on the frontal aspect of the wrist. Reduction was effected by grasping the hand and making extension (counter-extension being made at the elbow), slightly pronating the hand and raising the bone into place with the right hand.

Lowell, Aug. 6, 1872.

Two HOSPITALS FOR ENGLISHMEN exist in Paris. The first, Galignani's Hospital for the English and Americans, was founded in 1865 by Anthony and William Galignani, who endowed it with a gift of half a million of francs. This hospital is situated at Neuilly, and contains twenty beds for each sex. Secondly, Sir Richard Wallace has founded an hospital of twenty-four beds near the Porte Maillot. It is nearly always full, the Parisian jockey furnishing a considerable contingent of surgical cases.

Progress in Medicine.

REPORT ON ELECTRO-THERAPEUTICS.

By D. F. LINCOLN, M.D., BOSTON.

A New Phenomenon of Reaction.—Eulenburg (*Berliner Klin. Wochenschr.*, 1872). The "reaction" of a motor nerve, which occurs during the opening and closure of the galvanic current, is well known. One pole is placed on the nerve to be tested, and the other on an "indifferent" point, and muscular contractions of certain intensity are produced by making or breaking the current. If, now, the second pole be placed, not upon an indifferent point—that is, one comparatively free of nerves—but upon another nerve belonging to the same trunk, plexus, or segment of the cord, the reaction of the nerve under the first pole will be much greater than before. This experiment has been repeated by Eulenburg many times upon healthy men.

Galvanization of the Head.—Hitzig (*Berliner Klin. Wochenschr.*, 30, 1872). This is chiefly effected by means of his "unpolarizable electrodes," applied to the spot between the lobe of the ear and the mastoid process, on each side of the head. Six cells (Daniell) cause giddiness and uncertainty as to position (Verhalten) of body; these sensations commence directly upon closure, and last for a short time after opening the current. With a stronger current, external objects appear to move. With a still stronger, the person leans over towards the anode; at the same time, his eyes execute certain nystagmoid movements, jerking quickly towards the cathode, returning slowly to equilibrium, and again jerking; besides which there is usually a rotation movement in the same direction. When this current is opened, these phenomena cease, the body leans towards the cathode, and external objects seem to move in an opposite direction. There are many variations, in different individuals, both in degree and kind.

In explaining these phenomena the following considerations are offered. The direction of the movements obviously depends upon that of the current. The sagittal direction, from occiput to forehead, is not adapted to produce the symptoms; and, obviously, when the sagittal direction is employed, all the pairs of organs within the brain are *symmetrically* affected, the right hemisphere, the right corpus striatum are under conditions similar to the left hemisphere, or corpus

striatum, &c. But if the current be passed transversely through the brain, then the left half of each pair of organs is under the influence of one pole—the pole, namely, which is applied to the left auriculo-mastoid depression; and the right half is under that of the opposite pole. Now the organ for the perception of muscular sensation is, doubtless, an organ with a right and a left half, corresponding to the two sides of the body, and the effect of electrotonus in heightening the susceptibility of one side, and diminishing that of the other, is the "falsification of the muscular sense," with a disturbance of the true equilibrium of the two lateral halves of the body. Hence, an unconscious but voluntary movement of one-half of the body, to restore the (imaginarily) lost balance, the effect of which is an actual loss of balance. *Giddiness* depends upon these processes, and also upon certain optical impressions which occur in consequence of them.

Noé's Thermo-Electric Pile.—Dr. Schwanda (*Wiener Med. Presse*, 29 and 31, 1872). This instrument consists of twenty pairs of metal, composed of strips of copper, and an alloy of which the composition is not stated. It is conveniently portable, being in the form of a cylinder, about $4\frac{1}{2}$ inches in diameter, and the same in height; its weight is twenty ounces. When it is connected with a faradic coil, and the spirit-lamp is lighted, half a minute is required before it sets the machine working. For this purpose, its value is stated by Schwanda as equivalent to five Leclanché elements, or one Bunsen; or as somewhat superior to the two zinc and chloride of silver elements of Gaiffe's battery. Noé says that five years' use has not impaired the activity of his instruments. Its electro-motive force equals from 1.24 to 1.36 Jacobi-Siemen's units, that of a Daniell's cell being = 12. The essential resistance = 0.05. Its internal resistance does not increase with the increase of temperature, and of electro-motive force. If this instrument should prove durable, it would be a very handy thing for office-practice; it is said to be very cheap, as compared with the instruments made here.

A peculiar form of Electro-Caulery.—Frommhold (*Wiener Med. Presse*, 28, 1872). In certain obstinate cases of neuralgia of the leg, especially those affecting the peroneus and tibialis nerves, in which the galvanic and faradic currents have failed, the negative pole, armed with a metallic electrode an inch square, is placed on the peripheral end of the nerve affected, and a

current is passed of strength sufficient to produce a few little round spots of destruction under the electrode. This process requires five or six minutes, and is painful, though not violently so. The necrosed spots take from three to five weeks to heal. The application is made daily, each time a little higher up, till the capitulum fibulae is reached. Twenty or twenty-five sessions have cured neuralgia of some years' standing. The positive pole is to be put upon the point of origin of the sciatic; destruction of cutis need not occur under its influence.

Basedow's Disease.—Dr. Franz Chvostek (*Wiener Med. Presse*, 23, 27, 32, 1872). The cases mentioned by Chvostek are very interesting, and present decided evidence of the value of the constant current. The treatment consisted mainly in galvanizing the cervical sympathetic and the cord in the ascending direction. Fuller notice is deferred, as the series of cases is "to be continued."

Weak Galvanic Currents.—Léon le Fort (*Gaz. Hebd.* 17 and 19, 1872), Groh, of Olmitz (*Die Elektrolyse in der Chirurgie*, Vienna, 1871). The current in question is derived from three or four Callau-Trouvé elements, which are a sort of Daniell's cell without diaphragm; in fact, a "gravity battery." It is allowed to act for hours or days uninterruptedly. It has been found beneficial in paralysis of the hand and forearm, following contusion of the wrist; in contraction and atrophy of the calves, and in paralysis and atrophy of one deltoid.

Groh has cured myosarcoma of the leg by the almost uninterrupted application, during fifteen days and nights, of the current from four Daniell's elements. He considers the results of the method very remarkable. An osteosarcoma of the femur was also cured by this treatment, which occasions very little pain or trouble. Several fine needles are used.

Vasomotor Neurosis.—Fr. Chvostek (*Oesterr. Ztschr. f. Prakt. Heilkde.*, 3 and 4, 1872). An officer, aged 27, had rheumatism of several joints, on recovery from which he remained subject to the following peculiar affection, viz.: Every evening, red spots, accompanied with a burning sensation, appeared on the wrists and fingers, followed in half an hour by a slight but painful swelling of the joints in these members, and, later in the night, by sweating.

Fever was not present. By daytime, these symptoms had disappeared. The pulse was permanently accelerated, the

thyroid was enlarged, and the entire nervous system was in a state of heightened irritability, which became most manifest when the third and fourth cervical vertebrae were electrified, and when pressure was made upon the superior cervical ganglion of the sympathetic. Quinia was tried without success. Galvanization of the cervical sympathetic and of the spinal cord was practised for several months, and great improvement was obtained.

Writers' Cramp.—Dr. Poore, of Charing Cross Hospital (*Practitioner*, September, 1872). The case occurred in a young and healthy man, who used to write about nine hours every day in a counting house. The disease had lasted two years when Dr. Poore saw him; he had been treated by "galvanism," friction, douches, sea-bathing, voyages, &c., with very little benefit. The right arm and shoulder were the seat of an aggravated chorea, which was increased when the patient's attention was called to it. There was no paralysis or wasting, and no anomaly of sensation. The author believed he saw an analogy to stammering, and determined to employ the treatment found curative in the latter affection, namely, regular orderly drill of the muscles. This was impossible to the unaided will, by reason of the rigidity of some muscles and the lawless action of others. A current, commencing with twenty-three cells (Weiss), was therefore passed through the belly of each affected muscle in turn; and, while in the state of consequent relaxation, each one was exercised in light gymnastics. Rest, and bromide of potassium, formed part of the treatment; but the improvement in writing was manifestly, and in a most extraordinary manner, connected with the use of the battery, as above stated. After daily treatment for six months, he now writes with the greatest ease, though not with his former neatness.

Strychnia as an Adjuvant to Galvanic Treatment.—Richard Barwell, F.R.C.S. (*Lancet*, July 6, 1872). Barwell uses a strong solution of strychnia—viz., two per cent.—for injection into the affected muscles; as to the quantity, he says that he could fearlessly begin by giving even children five times the dose hitherto considered as the maximum, namely, five half-minims, or one-twentieth of a grain. This plan, pursued every two or three days, is a powerful adjuvant to the galvanic treatment, and is also applicable as a preparation for the latter in cases where the muscles do not respond at all to galvanism. The in-

ternal administration of strychnia does not appear to act in the same manner. Success has been obtained in cases of facial paralysis, paralysis of the wrist (independent of syphilis or saturnism), and others, after months of galvanism, and the internal use of strychnine and other remedies had failed.

Extra-uterine Fœtation.—Dr. J. G. Allen (*Transactions of the Philadelphia Obstetrical Society*, in *Amer. Jour. of Obstetrics*, May, 1872). Three cases are reported, in two of which the current from an ordinary electromagnetic machine was applied, with the result of stopping the growth of the tumors. The diagnosis was confirmed, in one case, by Drs. Agnew and G. Pepper, the latter of whom made repeated examinations, and finally discovered the existence of ballottement. The application of the current was made, in this instance, about eight times; the poles were placed on the projecting portions, in the vagina; at the third application, the woman "felt a motion as of something turning over in the abdomen." This case occurred in 1869, and the patient is at present in good health.

[If we grant the correctness of this diagnosis, it seems not too much to concede that foetal development may have been arrested at the tenth week by the direct application of a current described as "violent."]

Affections of the Skin.—Onimus (*Centralblatt f. d. Med. Wiss.*, 32, 1872), G. M. Beard, M.D. (*Amer. Jour. of Syphil. and Dermatology*, Jan., 1872). Onimus describes certain affections brought on by the application of the continued current. They are not caused by the undue strength of the latter, or by any unusual delicacy of the integument; they are unfavorable symptoms, in respect to prognosis. They consist in grayish, depressed spots, which appear soon after the electrodes are applied, and soon turn to blisters, which burst and leave a blackish base. They are stated to be observed in "some cases of disease of the nervous centres or peripheral nerves." [The phenomena in question may be produced in healthy persons; their prognostic value, therefore, depends upon the *undue facility* of their production. L.]

Beard has treated a large number of cases of skin disease at the Demilt Dispensary, New York. He considers that the results prove the high value of electricity in many cases, which under ordinary treatment are obstinate or incurable. The cures are at least as permanent as those obtained by the accepted methods; and the treatment may succeed after the ordi-

nary methods have partially or entirely failed. Galvanism is the best form. In *eczema*, there is nearly always direct relief from distressing pain, and ultimate cure. The negative pole is applied to the diseased surface; the negative, also, is more useful than the positive in *psoriasis*, though in the latter both electrodes are frequently used at once; the disease is curable, wholly or in part, probably in a majority of cases. Of *pityriasis* one case seems to have been benefited. The itching of *prurigo* is often completely relieved in a few minutes by dry or moist faradization; which, "when perseveringly used, may cure." *Acne* has been made worse, in one case, by galvanism. *Lupus*, *condylomata*, and *tubercula*, are mentioned as suitable for treatment by electrolysis (with needles). Usually the positive pole is plaited upon the region of the principal nerve supplying the part, and the negative is held to the diseased skin or made to glide slowly over its surface. When the disease is pretty general, "an electrode is sometimes put on each limb," to allow the current to run through the body. Broad electrodes, from two to four inches in diameter, are preferred.

White Atrophy of the Optic Disc.—R. J. Pye-Smith (*Brit. Med. Jour.*, May 18, 1872), Donald Fraser, M.D. (*Glasgow Med. Jour.*, Feb., 1872).—Mr. Pye-Smith gives six cases in which the affection was well marked, and which were treated by the galvanic current from five to twenty-three times, with the result of decided (but slight) improvement in two cases, doubtful improvement in two, no improvement in one, and *harm* in one. The latter case was complicated with the results of syphilitic inflammation. As to the mode of administration, it was rather vigorous than otherwise; from ten to twenty Daniell's cells were used, the negative pole was applied behind the ear and the positive upon the closed eye, and the current was alternately admitted and shut off, at intervals of eight or ten seconds, for about a minute. Mr. Kiddle has treated twelve other cases by the galvanic current in a similar manner, but the results are entirely negative.

Dr. Fraser's case is very carefully reported, and deserves fuller mention than we can give it. The subject was a weaver, aged 59, whose eyes had been failing for five years, owing to over-taxing of the sight. The ophthalmoscope showed that the outer two-thirds of the optic disc in both eyes were partly white and glistening, and the inner third hyperemic; the retinal veins enlarged and tortuous, and the arte-

ries diminished in number and calibre; alongside some of the vessels were to be seen the white lines said to be characteristic of neuritis descendens. He read slowly, and with effort, No. 20 of Snellen's test-types, at four inches with the right eye, and eight with the left. Bichloride of mercury, with iodide of potassium, was used for a month; sight very little better. Then, a current from six Stöhrer cells was passed through his temples for about twenty seconds. On testing his sight, before and after this operation, it was found that he could read 20 Snellen at $7\frac{1}{2}$ and $9\frac{1}{2}$ inches respectively; an improvement of two inches within as many minutes. The current was applied daily for a month, then less often, in all three months, with a steady gain, so that at the end of this period he could read 5 $\frac{1}{2}$ Snellen as easily as he once read No. 20. The optic disk still presented a marked condition of atrophy, but there was an improvement, which was most marked in the case of the retinal circulation, the arteries being larger and the veins smaller and much less tortuous. The number of cells employed was limited to six, and the time never exceeded thirty seconds. The points of application were the temples—the long axis of the head—the forehead and tongue—the cervical sympathetic; but the results never seemed so good from the latter method, though eight cells were used.

Very similar beneficial results, from the subcutaneous injection of strychnia, have been noted by Nagel, of Tübingen, Werner, of Sangerhausen, and Chisolin, of Baltimore. The same is true in some cases of peripheral atrophic paralysis of muscle. The coincidence ought to throw light upon the mode of action both of galvanism and of strychnia.

Electrolysis of Tumors.—Geo. W. Callender, F.R.S. (*Brit. Med. Jour.*, Feb. 10, 1872), J. Althaus, M.D., F.R.C.P. (*Ibid.*, March 16, 1872), M. Benedikt (*Wiener Med. Presse*, xii. 58), Prof. Billroth (*Berliner Klin. Wochenschr.*, 28, 1872), Paul Bruns, Asst. in the Surg. Clinic at Würzburg (*Ibid.*, 27, 28, 1872), Lawson Tait (*Trans. of Clin. Soc.*, London, vol. iv., 1872), Girard (*Centralblatt*, July 6, 1872), C. Hilton Fagge, M.D., F.R.C.P., and Arthur E. Durham, F.R.C.S. (*Med. Chir. Trans.*, 1871), Wm. R. Whitehead, M.D. (*Am. Jour. Med. Sci.*, July, 1872), T. Holmes, F.R.C.S. (*Lectures delivered before the R.G.S.*; in *Lancet* and other papers). Callender describes three cases of *Recurrent Fibroid*, in two of which electrolysis by means of needles proved of no decided value. In a

third case, excision was practised, but "before the large wound from the operation had closed, one or two isolated nodules, growing up in the granular surface," appeared; these were transfixed by a needle, connected with the positive pole of twelve cells, the negative being applied to their surface; after two applications, "the entire mass, about the size of a marble, seemed to melt away and disappear." He considers that the current may be very useful in such *secondary* and as it were subsidiary operations. He was struck with the thorough manner in which the sloughing of the growth took place in the immediate course of the electric current; this was less marked around the negative than the positive pole.

Althaus considers that the failure to obtain a radical cure was due, in these instances, to the insufficient strength and duration of the current. He quotes a successful case by Ehrenstein.

Benedikt, also, lays stress upon the necessity of prolonging and intensifying the application in the case of cancer. He narcotizes the patient, or injects morphia, and the operation is continued for an hour or longer. He thinks the application of electricity may actually accelerate the growth of such tumors, an opinion shared by other observers. Billroth, for instance, found that in soft tumors, especially medullary lymphomata, the constant current sometimes did harm by inducing inflammation; an increase in the vascularization and the rate of growth, and consequently, a more rapid softening, were the consequences of this. He, however, appears not to have used needles; and the strength of the current is not specified.

Brunn gives a valuable analysis of the reported cases of *Naso-pharyngeal Polypus*, nine in number, treated by electrolysis. Seven resulted in complete cure. One patient died from intercurrent typhus, and one is still under treatment. Of those cases kept under observation, the cure has remained permanent in every instance, the periods varying from five months to two years, while in three cases relapses had previously occurred. In two cases, there was no other possible mode of operation, and the life of the patient was in serious danger.

The following general conclusions are offered by Brunn. He admits that they are still open to revision, the whole subject being by no means settled.

Indications for the Operation.—These are, at present, as little established for this

as for most other forms of tumors. An unsuccessful case, by the author, is reported in Nos. 12 and 13 of the same journal for 1872; here, thirty applications had been made. The present series of cases would justify, as far as they go, the assumption that the ordinary fibrous character of the structure is a circumstance predisposing to the success of the operation; for in all of the successful cases in which the character is stated, the structure was purely fibrous. Two of the nine are reported from the Tübingen clinic; in the unsuccessful one, the structure was in part fibrous, in part rich in cells and approaching the character of a sarcoma. Perhaps we may infer that the current employed was too weak to destroy a form of tumor which was in a condition of active growth; besides, the immediate neighborhood of the brain imposed a limit to the strength which it was deemed safe to use.

It is important to be able to increase the strength of the current at will, after introducing the needles. The negative needle alone, or both the positive and the negative, may be inserted. A glass or rubber tube is of use as an insulator; and when the needle has to be pushed through the soft palate, its shank ought to be insulated by a coating of varnish. The positive needle may be made of zinc, in which case the caustic action of chloride of zinc is added to the ordinary electrolytic effect. Tripier's fear that the basis of the skull may be attacked by the electrolytic process, is not justified, for it is strictly localized around the needles. Tripier's plate-shaped electrodes are dangerous, inconvenient, and less active than the needle.

Too powerful a current may certainly affect the brain; or may cause temporary increase in the size of the tumor, with partial gangrene of its substance, infiltration of the adjacent lymphatic glands, and fever. Groh's views regarding the use of very mild currents (cited above) are quoted with a certain assent; and the author adds, that one of his cases was cured by one hundred and thirty sessions, the average strength of the current being eight cells of Frommhold. Of this case it may be further remarked, that the polypus had been extracted, December, 1868, by the wire loop; a remnant sprouted again, and in May, 1869, it had grown in such a direction that its extirpation would have required the resection of the upper jaw.

Mode of Action.—In the author's view, this consists in successive destruction of tissue: (a), by gangrenous death of the

parts lying close to the needle ; (b), by ulceration in the vicinity of these parts. It is also very probable that there is a "catalytic" or "dynamic" action ; in a case observed by Ciniselli, parts not directly in contact disappeared, even after cicatrization was complete.

The technical difficulties of the operation are not great. The danger is *nil*, if care be taken. Bleeding does not occur. Pain is very moderate, if care be used. Relapses seem to be excluded.

The objections are, the cost of the operation, the amount of time required, and the necessity of having an "electrician" to attend to it.

Mr. Lawson Tait treated a case of *Encephaloid Disease of the Femur* by electrolysis, with the result that complete relief from pain, for four or five days, followed each application except the first. The intensity of the pain had been so great that it had been found necessary to administer hypodermic injections of from 20 to 24 grains of morphia daily. The size of the tumor was but slightly diminished, the treatment not having been adopted till late in the case.

Eight cases of *Hydatid Tumor of the Liver* are reported by Dr. Fagge and Mr. Durham, in which electrolysis was performed by the method of Althaus ; two needles being introduced into the sac, one or two inches apart, and both connected with the negative pole of a battery of ten cells, the positive being applied in the form of a wet sponge to the skin between the needles. Duration of the operation, usually ten or fifteen minutes ; in one case, twenty-five minutes. Slight febrile reaction occurred in all the cases but one, lasting about four days.

In only one instance does any doubt remain as to the completeness of the cure. Time seems to be required to test this point. The authors remark that "in each case in which we had the opportunity of examining the patient from three to six months after electrolysis, we found, as a rule, that the tumor had very manifestly decreased in size. In some instances no trace of the disease could be discovered."

The diagnosis was inferential, as no liquid was drawn by tapping from the tumors. But in each case the two needles could be made to move about and rub against each other, after their introduction into the sac. It is not at all certain that acupuncture, without galvanism, would not have effected similar cures. As regards paracentesis, however (which will in many cases effect a

cure), it deserves to be noted, as an important disadvantage, that *suppuration* is apt to be set up, an event which does not occur from electrolysis.

Dr. Whitehead treated a case of *Stricture of the Rectum*, which was due to syphilis. The sessions were four in all, and extended over a month's time. Each one lasted twenty or thirty minutes, with a maximum current from twenty-three cells (zinc-platinum and zinc-copper). The anode was placed upon various parts of the hip ; the cathode, in the form of a brass cylinder with rounded tip, was applied, at first to the lower part of the stricture, and subsequently within it.

There was little pain. After each application there was decided and immediate dilatation ; but two months later the stricture was tight as before. No treatment seems to have been used to follow up and supplement the electrolysis. This was doubtless owing to the circumstance that the person was a Dispensary patient, and (like the majority of that class) absented herself at the critical time.

Speaking of the treatment of *Aneurism*, Holmes classifies electro-puncture with manipulation, the introduction of foreign bodies into the sac, and coagulating injections, as justifying confident hopes that they may come to be regularly used in classes of aneurism, in which they have already succeeded, though only occasionally, and, as it were, hap-hazard.

Cases of growing aneurism, affecting the thoracic aorta, or the innominate, or the roots of the left carotid, or subclavian within the thorax, or affecting the aorta and one or more of its primary branches simultaneously, are to be treated in three ways : 1. By internal or medical treatment ; 2. By distal ligature ; 3. By galvano-puncture. (*Lancet*, June 8.)

A case is described in which Mr. Holmes assisted Dr. Althaus. Four needles were inserted. The current from 25 cells (small) was passed, the needles being all attached to the same pole, and the direction being alternated every five minutes. Duration, twenty-five minutes. Death in ten days, with diffused inflammation of the cellular tissue all the way up the neck. (*Lancet*, July 20.)

In Drs. Duncan and Fraser on "electrolysis in aneurism," a very excellent description is given of an experiment in which the process of electrolysis was watched in the femoral artery of a dog.

"Experiment has also shown that this electric action, this coagulation of the mass

of the blood, in which there is no mechanical separation of the fibrine from its other constituents, is capable of producing the total and final cure of an aneurism—an additional proof, if an additional proof were required, that the slow method of coagulation by which what Broca denominated "active" clot, is generated (*i. e.*, the fibrine separated from the other constituents, and deposited in laminae), is not the only, though it may be the safest way of curing an aneurism.

"On the other hand, it must be allowed that there is at present much uncertainty as to the value of the method, and great ambiguity as to the immediate effects of any given operation; that those most consonant with the electrical processes and their effects when applied to the living body, are far from being agreed as to such important details as, which pole it is best to use; what is the best apparatus; whether coagulation should be produced rapidly or slowly; whether the action should be long continued or not, frequently repeated or almost solitary; and whether the metallic needles should or should not be coated over to defend the superficial parts from the electric action. But such details will be gradually cleared up as our experience of the method increases. As far as my limited practical acquaintance with the subject goes, I should incline to the belief that the action of both poles is desirable, and that the positive pole ought not to be used too long, especially if the battery is a powerful one; that a moderate action should be employed, and that it should be continued for a considerable time (under anaesthesia), until a very decided physical effect has been obtained; and that the soft parts covering the tumor should be defended by coating the stalk of the needle with vulcanite."

As an illustration of the uncertainty at present attending this operation, he speaks of two cases in which he has seen the pulsation, at first greatly reduced by electrolysis, afterwards return nearly to its former violence (*Lancet*, Sept. 7).

Tracheotomy.—Verneuil (*Lancet*, May 18, 1872). In a case of tracheotomy, Verneuil employed the "galvano-caustic knife," the blade of which was heated to a *dull red*—for "white heat provokes hemorrhages"—and the operation was performed as with an ordinary knife. Scarcely any bleeding followed; the pain was very slight, and the wound did well.

Amussat, in 1870, ran a platinum wire for the distance of two-thirds of an inch underneath the integument and into the tra-

chea; then applying the current, he made the wire burn its way out; no hemorrhage occurred. The wound healed in 28 days.

Granular Urethritis.—Dr. Byrne (*Proc. of N. Y. Obstetrical Soc.*, in *Journal of Obstetrics*, May, 1872). A woman had suffered for three years from the above affection, with incontinence of urine; various topical applications produced no beneficial effect; the patient was therefore etherized, and a conical electrode burner was passed the entire length of the urethra, the electrode being connected with a galvano-caustic apparatus. Five days after, an eschar came away. The patient's sufferings were not at all aggravated by the operation; one week subsequently all pain ceased, and she was able to retain the urine perfectly.

MONS. LEFORT has made analyses of water taken from wells in the neighborhood of graveyards, and finds the water of wells situated 150 feet from graveyards to have a sweet, fetid taste, and upon evaporation by heat, a thick grayish residue remained, which had a strong empyreumatic odor. Upon adding reagents, carbonic acid was given off, and salts of ammonia were thrown down. He thinks that no bodies of men or animals should be buried nearer than 300 feet, to any well from which water is taken for household purposes.

A Profitable Patient.—M. Latour, referring to the death of M. Cheresh while still young, mentions a singular patient who contributed to his income 14,600 francs per annum. This person, a well known merchant, had a terrible fear of dying, and besought Cheresh to pay him a visit while in bed, every day at 9 A.M., his fee being 40 francs per visit. Cheresh consented, and for several years the arrangement was carried out. During the last years of his life this patient, a very old man, became really ill, and exacted, first two, then three, and finally four visits daily, always paying his 40 francs for each visit. (*Union Med.*)

The Med. Times and Gazette, in speaking of the reports of the American Army, Medical Museum, after adding a word in admiration of the splendid way in which these reports are prepared and issued, says: If this excellence is the result of Republicanism we are almost persuaded to become followers of citizen Dilke.

Reports of Medical Societies.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.

C. E. VAUGHAN, M.D. SECRETARY.

The semi-annual meeting was held at Cambridgeport, October 9th, 1872. The president, Dr. Morrill Wyman, in the chair.

Influence of the Exhalations from fresh Paint on the Fetus in Utero.—Dr. Lincoln, of Natick, inquired if members had observed any ill effects to mother or fetus, from exposure to the influence of fresh paint during pregnancy. He mentioned several instances of such exposure, in which the children were born feeble, and died within a few weeks from inanition. Could the turpentine in the paint be the cause?

Dr. Hodgdon, of Arlington, had met with a case of similar exposure, in which labor was premature by several weeks, and the child, puny and feeble, died in a few months.

Dr. Wyman observed that paint is a compound substance, and that other ingredients beside turpentine might have their influence. Formerly walls were often "deadened" by the application of turpentine, to destroy the gloss of the paint. This was done with closed doors and windows, and the workmen often suffered from difficult micturition and haematuria.

Larvae of Oestrus or Bot-fly.—Dr. Allen, of Cambridge, reported a remarkable and interesting case, the particulars of which will be given at some future time.

Four specimens of the larva of the oestrus or bot-fly (variety not yet determined) were removed from beneath the skin of the neck, head and arm of a boy of about twelve years. The incision was followed by a quantity of clear yellow serum, with the larva.

There was a good deal of discussion upon the possibility and probability of the larva having voluntarily changed its position.

Dr. Allen introduced the case by remarks upon the natural history of the bot-fly, and the characteristics which distinguish it from the gad-fly.

Specimens of larvae of several kinds of bot-fly, including a rare variety, the oestrus hominis, were exhibited through the kindness of Dr. Hagen, of the Museum of Comparative Zoölogy. The specimens were referred to Dr. Hagen, and to Prof. Brauer, of Germany.

Typhoid Fever.—Dr. Driver, of Cambridge, reported a case of typhoid fever

running an apparently favorable course until the 20th day; pulse then averaging 108, head clear, no real delirium. No occasion for stimulants.

On the morning of the 20th day there was a slight tremor, and stimulants were moderately given. During the night following, slight chilliness and a little wandering.

In the P.M. of the 21st day, the patient was found in a critical condition. Pulse 130, rising, tongue brown, very strong sub-sultus. No pneumonia, phlebitis or other complication discovered, although looked for with care. Stimulants were given freely. Seen by Dr. Wyman in consultation.

During the night there were three marked chills.

On the A.M. of the 22d day tenderness developed itself in the right calf. Several black, grumous discharges from the bowels. Died at 4 A.M. of the 23d day.

Autopsy made by Dr. Stevens, of North Cambridge. External saphenous and popliteal veins healthy. Following the latter downward a clot was found, beginning at the lower edge of the patella, and ramifying through the external belly of the gastrocnemius muscle. No evidence of inflammatory changes in the coats of the veins, and no central softening of the clot. This accords with Virchow's views.

In the femoral vein, near the iliac, a clot was found, nearly filling the calibre of the vessel.

In the small intestine several large ulcers were clearly marked out externally by vascular injection, with a whitish puckered spot in the centre. Three feet of the intestine were removed; an ulcer as large as a nickel cent, 10 inches above ilio-cecal valve, presenting the usual appearances. Six inches higher up a second ulcer, about $\frac{1}{2}$ of an inch in diameter, nearly perforated the intestine, only a thin velum remaining. The third was a typical excavated ulcer. The fourth, and chief ulcer, 24 inches above the valve, as large as a silver quarter-dollar. Vessels largely injected, especially two large ones on either side, evidently the source of the chief hemorrhage. A fifth was in the early stage. Sigmoid flexure full of grumous blood. Kidney sound; heart small, flabby. Other organs healthy.

The case might have been considered one of those reported as erysipelas by the older writers, but for the dissection.

Specimens of the veins and of the ulcers were shown.

Partial Inversion of the Uterus. — Dr. Nichols, of Cambridge, reported two cases of partial inversion of the uterus, occurring during the past year. In neither case was there any traction upon the cord to account for the accident. No considerable shock. Reduction was accomplished by the hand with but little difficulty, and the patients did well.

Dr. Harris, of Arlington, mentioned a case of partial inversion, seen in consultation with Dr. Morse, of N. Cambridge, discovered 24 hours after labor. Little difficulty was found in reduction.

Dr. Hildreth, of Cambridge, recently had a similar case. Uterine contractions were at first rather inefficient, but became powerful after 20 drops of Squibb's ergot. Labor normal, but after the placenta came away a partially inverted uterus was found and reduced readily. A good deal of shock.

Dr. Wyman, in 30 years of practice, had never met with a case of inversion after labor until a few weeks ago. This was returned without trouble. The pulse rose to 150 or more, but fell as soon as reduction was accomplished.

PLYMOUTH DISTRICT MEDICAL SOCIETY.

B. F. HASTINGS M.D., SECRETARY.

An adjourned meeting of the Plymouth District Medical Society was held at North Abington, Oct. 9, 1872. The President, Dr. Benjamin Hubbard, of Plymouth, in the chair.

Case of Labor complicated by Closure of the Os Uteri. — Dr. Richards, of Campello, reported the following case: — "The 31st day of July, 1871, I was called to see Mrs. R., aged 37, whose previous history is epitomized as follows: Her parents both died of phthisis, and she from infancy was subject to a cough. Fourteen years ago, after a protracted and tedious labor, she gave birth to her third child; the delivery was followed by menorrhagia for three months, some portions of the time excessive; this was succeeded by what was considered to be the menstrual flow, at intervals of two weeks, rarely exceeding three, and this continued during the whole period of lactation. The patient was treated with external bandages and abdominal supports for supposed displacement, though no vaginal examination was made. Six years ago she called upon a physician in Boston, who pronounced her case one of tubercular disease of the lungs, and prolapsus uteri. Excessive catamenia continued, but now occurred at regular periods. Treatment of

the cough by inhalation was commenced at once. Six months subsequently, unmistakable symptoms of uterine disease induced an examination which revealed extensive inflammation about the os uteri, and ulceration of the os and cervix. In about this condition she remained, never completely cured, receiving at times local treatment, until within about four weeks of my being called, when after a patient and labored service of five years and a half she was pronounced not only healed in utero, but that organ was found sealed hermetically. At this time the menses were overdue a full month, and, as it was supposed that the mechanical closure of the os was the cause, an opening was made (as she says) by a lancet to allow the escape of the accumulated fluid. At this juncture she exchanged the faithful and accomplished services of her old physician, and passed into my hands.

"On my first visit I found her almost entirely free from cough, looking quite stout and robust, doing the work for a family of four persons, and exhibiting no marks of exhaustive disease. Her complaint was that she had failed to menstruate, then two months, and that she suffered from an intolerable dragging in the hypogastrium, and a great sense of pressure within the pelvis; as she expressed it, a "feeling as if she was about to burst open." A digital examination found the uterus quite low down, considerably enlarged, and the cervix so far obliterated that the organ presented a spherical and slightly corrugated feel. Three or four small growths or excrescences about the size of a common bean could be felt attached to the external walls; on a subsequent examination I found these growths becoming smaller until they finally disappeared. With the lapse of time, and the steady and constant enlargement of the belly, complaints of distress and pressure became more urgent, when, at my suggestion, Dr. Millet, of Bridgewater, was called in consultation. Four months had passed since the last menstrual flow, and after several close and careful examinations with the speculum, no os had been discovered. I began to suspect pregnancy, though, save the abdominal enlargement, there was a total absence of any symptoms pointing in that direction. The examination of the case with Dr. Millet corroborated the previous diagnosis, viz., a firmly occluded os uteri, with numberless cicatrices running in every direction, over such portions as could be taken in with the speculum. The true nature of the contents of the organ was left for quickening to de-

termine and time to develope. She proved to be pregnant, and on the night of Jan. 21st, 1872, I was called to see her in labor. When I entered the room she was having pains as often as every five minutes, and judging from appearances in the last stages. She informed me that since the early evening, with every pain there had been a slight escape of water, but whether it was urine or the liquor amnii she was unable to determine, as the former had been beyond her control for several days. I immediately made an examination, and found pressing the brim and nearly filling the pelvis, a large, firm and round uterus, with no more the appearance of a dilated os than as though the fundus was the presenting portion. After some two hour's watching and waiting, and every fifteen minutes examining per vaginam, I fancied I felt an opening about as large as a pipe stem, and into this I introduced a common uterine sound about one-fourth of an inch, and holding it there passed it through the speculum, and that into the vagina, when I could plainly see the liquor amnii escaping. I then withdrew both sound and speculum, and introducing my finger held it on the aperture, and waited the effects of the pains, which, though very strong, seemed to have no perceptible effect upon the presenting body. I then caused a common sheet to be folded to about the width of a swathe, and placing the centre on the back, passed it around the abdomen, and bringing the two ends back, had them held quite firmly by an assistant. After six terrible pains, following each other with scarcely a remission, I felt a slight yielding at the point of my finger, and in an instant a rent was made in the uterus, from the supposed anterior labium, up directly toward the pubes, and in an instant more the child and placentas were in the world."

Dr. Richards stated that his patient was confined to her bed for two months, and made a good recovery.

Dr. Millet, of Bridgewater, said that he had never before met with a case of perfect occlusion of the os uteri after pregnancy.

Dr. Dudley, of Abington, read an elaborate essay on Bright's disease, which was followed by a general discussion among the members, of the appropriate treatment to be observed in this disease.

DR. O. SCHULTZER, of Dorpat, claims great success in the treatment of diabetes, under the free internal use of glycerine and citric acid, with abstinence from starchy food.

Medical and Surgical Journal.

BOSTON: THURSDAY, OCTOBER 31, 1872.

SMALLPOX AND BOARDS OF HEALTH.

The whole community is in a state of excitement about smallpox. And nothing is more natural. A loathsome disease, as little amenable to medicinal treatment as any known; which spares neither old nor young, rich nor poor, clean nor foul; which has at times, for a century together, caused one-tenth of all the deaths;—it is not strange that the people dread its embraces. There are those who believe its ravages should be kept secret, and that it is a mistake to publish the weekly list of deaths. In this we cannot agree with them. We believe that if the red flag were flying at every door where contagious disease exists, the community would be the gainer.

Let us look at the Boston list of deaths from this disease for the week ending at noon on Saturday last. They were twenty-seven in number. Nine of these were at Gallup's Island, and we have no means of knowing where they originated. Of the remaining eighteen, fifteen were north of a line drawn through Court and Cambridge Streets; two were in South Boston, and the one other case was in Edgerly Place in Ward Nine. With one or two exceptions, they were among a class of people, ignorant of the necessity or propriety of vaccination, and who neglect every means for retaining health. We have the right to judge that the percentage of those vaccinated, before having the fatal attack of this disease, was no greater than it was among those who died at the hospital, which our city fathers saw fit to close. An inspection of the records shows that in that hospital the percentage of those who bore any mark of vaccination and died was eight. On the other hand, sixty-seven per cent. died of those who bore no such indication.

Now every physician knows, perfectly well, that there were very numerous cases, very mild in their character, which did not go to the hospital; he suspects that there

were other very numerous cases in which a very slight eruption only existed, and still others, in which all the other symptoms were present except an eruption. The red flag, which the law of the Commonwealth requires the Board of Aldermen to put up, would show every man what house to avoid, and would cause our people to know, from the numerous recoveries, that *the deaths among those who have been properly vaccinated are very few.*

It would have the effect, too, to keep impressed upon our people the necessity for a Board of Health for the City of Boston. With proper powers delegated to it by statute law, with its absolute independence of City Government, and with the Secretary of our State Board of Health at its head, we believe the contagion of smallpox would be almost entirely nullified among us.

But our whole State health code needs an industrious and careful revision. As it now stands, there is no requirement for vaccination before the second year is nearly completed. It provides that one may be fined for not having a *successful* vaccination, no matter if he has tried forty times. It requires an absurd isolation for all diseases "dangerous to the public health," as if some diseases were perfectly innocuous, to say the least, if not to be hankered after. It is to be hoped, when the Legislature assembles again, that a proper committee may take this whole matter in hand, and revise it faithfully; not meet in a panic and pass laws to be laughed at for their absurdity, like those we now have, but laws which the medical profession can act advisedly under, and which the public can respect. The medical profession are ready to do their part, but they cannot prevent filth; they cannot forbid people to build houses below the level of the sewers; they cannot order houses to be vacated, till they shall be habitable. A proper Board of Health in each town and city, with proper powers given by the State, can do these things, and, if subordinate to the State Board of Health, might be obliged to do them.

There is one thing, however, which we do not think any Board of Health can do,

and that is translate Section 51 of the 26th Chapter of the General Statutes, which was so amended last winter that it reads as follows:—

"The provisions of Sections 16, 17, 44, 45 and 46, so far as they confer authority for the removal of patients from their homes, except in case of persons residing in boarding-houses, hotels, or where two or more families occupy the same dwelling, and in all other cases where, in the opinion of the Board of Health and the attending physician, the case cannot be properly isolated, shall not apply to smallpox."

TEA DRUNKARDS.—Dr. Arlidge, one of the Pottery Inspectors in Staffordshire, has put forth a very sensible protest against a very pernicious custom which rarely receives sufficient attention either from the medical profession or the general public. He says that the women of the working classes make tea a principal article of diet, instead of an occasional beverage. They drink it several times a day, and the result is a lamentable amount of sickness. This is no doubt the case, and, as Dr. Arlidge remarks, a portion of the reforming zeal directed against intoxication might be wisely diverted to the repression of this very serious evil of tea-tipping among the lower classes. Tea, in anything beyond moderate quantities, is as distinctly a narcotic poison as is opium or alcohol. It is capable of ruining the digestion, of enfeebling and disordering the heart's action, and of generally shattering the nerves. And it must be remembered that not merely is it a question of narcotic excess, but the enormous amount of hot water which tea-bibbers necessarily drink is exceedingly prejudicial both to digestion and nutrition. In short, without pretending to place this evil on a par as to general effect with those caused by alcoholic drinks, one may well insist that our teetotal reformers have overlooked and even to no small extent encouraged a form of animal indulgence which is as distinctly sensual, extravagant and pernicious as any beer drinking or gin swilling in the world.

THE AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES held their annual meeting in New York, Oct. 8th and 9th. It was well attended and much interest manifested by the members. A synopsis of the testimony regarding inebriety as a disease recently taken by the Select Committee of the British House of Commons was read, in which eminent English and Scottish physicians concurred in the opinion that as habitual intoxication caused cerebral derangement, medical treatment in reformatory homes or inebriate asylums was required for its cure.

The Committee on Legislation, through Dr. T. L. Mason, of Brooklyn, presented the draft of a law for the establishment and regulation of inebriate asylums, of which the following are the leading features: First, supervisors of counties, or Mayors and Aldermen of cities may establish and maintain asylums in their jurisdiction for the cure of inebriates, or contract with any private asylum which may be established by general or special charter; second, inebriates shall not be confined among felons; third, commitments of inebriates may be made upon application of parents, guardians, &c., as in cases of lunacy, and while proceedings are pending, the persons shall be confined temporarily in houses of detention; fourth, voluntary patients may be received, but shall be subject to detention and control, the same as those committed by legal authorities; fifth, estates of patients shall be liable for their expenses; sixth, Commissioners to have charge of these asylums shall be appointed by the Justice of the Supreme Court and two County Judges; seventh, Commissioners of Excise shall pay to the commissioners of the Asylums a certain percentage of moneys received from licenses for the sale of intoxicating liquors; eighth, inebriates escaping may be returned by officers of the law; and, finally, an inebriate in the eyes of the law is one who, through excessive use of intoxicants, has lost control over himself, and is incapable of managing his affairs. Considerable discussion was provoked by the section giving power to detain persons entering voluntarily, but it was finally adopted.

Dr. T. L. Mason, from the Committee appointed to define the declaration of principles of the Association, stated that they consider inebriety a disease produced by the habitual use of intoxicants, and they aim to cure it as they find it, without deciding as to the morality of its cause. An invitation was received and accepted to visit the Kings County Inebriate Asylum,

after which the sessions for this year were closed. The old officers were re-elected for the ensuing year, as follows: Dr. Joseph Parrish, of Pennsylvania, President; C. J. Hall, of Illinois, and Otis Clapp, of Massachusetts, Vice-Presidents; Dr. D. G. Dodge, of New York, Secretary, and Dr. T. L. Mason, of New York, Treasurer.

The Committee appointed to explain the declaration of principles presented its report, the leading points in which were as follows:—

The Association, while reaffirming its belief that inebriety is a disease, does not intend to deny or palliate the criminality of drunkenness; as, however the habit may have been acquired, it can only be kept up by the continual use of intoxicants. It considers alcohol, though having its uses as a remedy and in the arts, as essentially a poison, ranking with opium, arsenic, &c., but liable to produce greater injury by its abuse. The efficacy of prohibitory laws, restrictive legislation, temperance societies, it would not belittle, and only claims that asylums, too, should occupy a prominent place among agencies for curing inebriates, without believing that they alone can accomplish anything. Without excusing the criminality of drunkenness, it declares that the character and degree of the offence requires discrimination in punishing the drunkard, whose responsibility often rests, in fact, upon the community which allows the cup to be put to his lips. Inebriates it holds to be proper subjects for medical treatment, by which many are curable and are cured; but none of the members profess to have any specific medicines for the disease, as has been intimated. By medical treatment is meant, beside administering drugs, deprivation of intoxicants, the use of a nutritive diet, exercise, amusements, &c., to which are added social and moral influences. The Association explicitly expresses its condemnation of indulgence in intoxicants, and of the sale of them.

A paper on the use of monobromide of camphor in delirium tremens with very satisfactory results was read by Dr. L. D. Mason, of Brooklyn; also one by Dr. Paluel de Marmon, of Kingsbridge, N. Y., on the "Prevention of Drunkenness." Dr. Willard Parker and Dr. Elisha Harris, of New York, were appointed a committee, with power to add others, to address Boards of Charities in different States concerning the cure of inebriates. After providing for the publication of the proceedings, the Association adjourned.

Correspondence.

MESSRS. EDITORS:—

In the editorial of the JOURNAL for October 10th, there is contained, either in an ambiguous sense, or *per se*, rather an unkind cut upon physiological students. Will you do me the favor to insert the enclosed feeble defence or protest.

1. If physiology is of no use in the study of medicine, why should it receive so prominent a position in our medical colleges?

2. If physiology is of no use in preparing the medical student for the study of diseases, it certainly must be of no use to the practitioner in determining the treatment as well as the cause of diseases.

3. If it is necessary to know the natural history of diseases, it is also useful to know the natural history of the drugs used in their cure.

4. How may we know the natural history of drugs? Is it at the bedside, where those very functions are seriously incommoded (of the extent of which we are often ignorant) by inactivity of the vital organs; or by the study of subjective phenomena that may occur to the person making the experiment (it is by this means homoeopaths have codified symptoms, as well as the action of certain sugar pellets called medicines); or by the objective phenomena observed by the experimenter in the body of the person, or *animal*, upon whom the experiment is made?

5. Physiology is advancing and has advanced in two ways; by observation and experiment. Observation is a process by which the observer obtains, without interference, an insight of the mysterious functions of the body; experiment is a process by which the observer obtains, by inference, a knowledge of these functions. The inference may be caused by the observer, or may result from the suppression or lessened activity of the functions of one or several organs.

6. Will the advance of medicine (this term is used in a general sense) be accomplished solely by the results of clinical experience unaided by scientific research?

7. Have not those countries in which physiological research has flourished, done more for the advance of medical knowledge, than those where physiology has had little or no prominence?

8. Why should we have in our medical colleges any other instructors than those

in the department of clinical medicine, and such gray-haired practitioners, as may from the experience of their thousands of patients furnish a certain number of formulas and prescriptions, suitable for every symptom and every disease, with which the young *Esculapius* can go forth armed and equipped to do battle with disease?

4. What practical value to the medical student accrues from his instruction in chemistry? Is it any the less important because its direct relation to the bedside seems so remote?

10. Physiology, the most recent of all the departments of medical study, may seem at the present time to be of little value to the medical practitioner. Who knows about its future prospects?

11. Why should the student of physiology, who has so many difficulties to meet in scientific research, have cast upon him the reflection: such as you are of no use to us who practise *physic*; and this simply because one or two men say so?

The word *empirical* is defined by Webster in his unabridged dictionary, to be "depending upon experience and observation without due regard to science and theory; narrowly and blindly experimental; said especially of medical practice, remedies, &c.; as *empiric* skill, *empiric* remedies."

Empiricism is also defined as a "practice founded on experience, and neglecting the aid of science; charlatany; quackery."

If some of the experienced medical practitioners would assist in applying the results of physiological research to the bedside practice, perhaps, and most probably, the result would be of great use to their younger brethren; provided they could afford time to write down the results of their observations. In this way *empirical* knowledge might be replaced by *experimental* knowledge.

EXPIRATUR.

THE New Hampshire State Medical Society has adopted the plan of holding its meetings semi-annually in different parts of the State. The first of these semi-annual meetings was held Oct. 8th, at Centre Harbor.

INFANTILE ERYSPELAS.—Prof. Trosseau recommends the following solution to be painted over the part of the infant's body where this disease appears:—Ether sulphuric, 60; camphor, 30 parts. (*L'Union Med.*)

Medical Miscellany.

BOYLSTON MEDICAL SOCIETY.—At the annual meeting of the Boylston Medical Society, held Oct. 11th, the following officers were elected for 1872-3: *President*, W. L. Richardson, M.D.; *Vice President*, F. Atwood; *Secretary and Treasurer*, F. M. Rotch. *Committee on Prize Dissertations*, J. C. White, M.D., J. N. Borland, M.D., C. W. Swan, M.D., D. W. Cheever, M.D., F. I. Knight, M.D. *Trustees of the Prize Fund*, S. Cabot, M.D., G. H. Gay, M.D., G. C. Shattuck, M.D., J. B. S. Jackson, M.D., C. E. Ware, M.D., H. W. Williams, M.D., O. W. Holmes, M.D.

REPEATED SMALLPOX.—A woman recently died in Boston of smallpox who had, only twelve weeks previously, recovered from an attack of the same disease. In the first instance, she gave the disease to several others in the family; in the second, it took on the hemorrhagic form.

Not many months ago a child, not over a year old, died in Boston of a well authenticated second attack of smallpox.

These cases show that recurrence depends upon individual susceptibility, and not on the length of the interval between the two exposures to contagion. In other words, it is not a "wearing out" of protection that causes the second attack.

M. HENRY DURANT, the founder of the International Society for the succor of those wounded in war has been overtaken by misfortune and lost all his property. A committee has been formed for soliciting funds for his relief. The member in this country is Fulton Cutting, of New York, to whom any sums of money may be sent.

A CAUTION.—A surgeon of Leominster, England, Mr. David Davies, has been fined £1 and costs for having twice kissed a lady who came to consult him as to the beating of her heart, and which he declared beat "naturally enough."

PEPSINE.—We have long been aware that most of the pepsine of commerce was obtained from the stomach of the pig, by scraping the mucous membrane of the fresh stomach with a blunt instrument after it had been roughly cleaned of its contents, the resulting mixture of mucus and gastric juice being dried and pulverized; but we never knew till lately that the manufacturer takes what might be thought an unfair advantage of the pig to increase the "yield" of this valuable article.

It is said that the pigs are kept for some time without food until their appetites are ravenous, when they are placed where the most savory meal is steaming under their snouts, but are prevented by mechanical obstacles from getting at it. Not only do their "mouths water," but a secretion of gastric juice takes place in consequence of the mental impression, and it is dur-

ing this condition that they are killed. The gastric juice, being free from food, is thus obtained in a purer state, and, it may be, in larger quantity than if taken from a stomach containing food.—*Med. Record.*

THE OBSTETRICAL SOCIETY OF LONDON has appointed a committee to form a collection of pelvis, illustrative of various points in connection with obstetrics. The Hon. Secretaries to the Pelvis Committee state that they will be willing, if desired, to make arrangements as to expense of carriage, casts, models, drawings, photographs, &c., with any society or gentleman in this country who may wish to contribute specimens. Their address is at the Society's Library, 29 Regent Street, W.—*Ibid.*

Books RECEIVED.—*Lessons in Physical Diagnosis*. By Alfred L. Loomis, M.D., Physician to Bellevue and Charity Hospitals, New York, &c. Third Edition. New York: W. Wood & Co. 1872. Pp. 240.—*Hand-book of Compound Medicines*. By the *Prescriber's and Dispenser's* *Vade Mecum*. By A. J. Cooley. Philadelphia: J. B. Lippincott & Co. 1873. Pp. 219. (From James Campbell.)

MARRIED.—In South Boston, 21st inst., Dr. Robert White, Jr., to Miss Emma L. Jenkins.—At Groton, 22d inst., John G. Park, M.D., of Worcester, to Miss Elizabeth B. Lawrence.—At Portsmouth, 24th inst., Dr. J. F. Hall to Miss Faunie E. Laighton.

DIED.—At Burke, N. Y., 23d inst., Dr. Wm. P. Stone, during the war Assistant Surgeon of the 2d New Hampshire Regiment, and a graduate of Dartmouth Medical College, aged 67 years.

Deaths in Fifteen Cities and Towns of Massachusetts, for the week ending Oct. 19, 1872.

Cities and Towns.	No. of Deaths.	Fitchburg	2
Boston	163	Taunton	7
Charlestown	13	Newburyport	4
Worcester	27	Somerville	6
Lowell	19	Holyoke	5
Milford	1		
Chelsea	6		
Salem	10		
Lawrence	12	Consumption	49
Lynn	13	Typhoid Fever	23
Gloucester	8	Cholera Infantum	17

Thirty deaths from smallpox have been reported; twenty-eight in Boston, one in Chelsea, and one in Charlestown.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, October 26th, 131. Males, 70; females, 61. Accidents, 2—abscess, 1—apoplexy, 2—cyanosis, 1—bronchitis, 5—disease of the brain, 3—cerebro-spinal meningitis, 2—cancer, 3—cholera infantum, 2—consumption, 15—convulsions, 2—croup, 1—debility, 3—drowned, 1—dysentery, 1—diphtheria, 1—scarlet fever, 2—typhoid fever, 8—gangrene, 1—gastritis, 1—disease of the heart, 5—homicide, 2—interference, 2—disease of the kidneys, 1—disease of the liver, 3—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 8—old age, 2—pannysis, 1—premature birth, 4—puerperal disease, 1—purpura, 1—smallpox, 27—syphilis, 1—suicide, 2—ulcers, 1—whooping cough, 2—unknown, 6.

Under 5 years of age, 46—between 5 and 20 years, 18—between 20 and 40 years, 34—between 40 and 60 years, 19—above 60 years, 14. Born in the United States, 79—Ireland, 27—other places, 25.